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MARCH 1987

(BERC)

SUPPLEMENT 1-D TO ATTACHMENT 3.1-B

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OMB No.: 0930-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Utah

CASE MANAGEMENT SERVICES

A. Target Group

Targeted case management services are provided to Medicaid eligibles who have a diagnosis of HIV/AIDS. The need for case management services will be identified by the qualified provider in the recipient's needs assessment.

B. Areas of State in Which Services Will be Provided

/X / Entire State

// Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide: Salt Lake, Weber and Utah counties)

C. Comparability of Services

// Services are provided in accordance with section 1902(A)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services

Targeted case management services are a set of planning, coordinating and monitoring activities that assist recipients in the target group to access needed housing, employment, medical, nutritional, social, educational and other services.

Covered case management activities include:

- a. assisting the recipient to determine need for services and developing a service plan to assure adequate access to necessary services and community resources;
- b. advocating for and linking the recipient with required services and community resources identified in the service plan;
- c. assisting the recipient to access necessary independent living skills;

T.N. # 93-002

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- d. coordinating the delivery of services including coordinating with the primary care provider/attending physician;
- e. monitoring to assure the appropriateness and quality of services delivered and to assess the recipient's progress and continued need for service.

E. Qualifications of Providers

The recipients will have the free choice of any enrolled and qualified case managers. Qualified case managers must have experience in accessing services such housing, medical, nutritional, etc. Qualified case managers include:

- 1. licensed social service workers employed by an agency or organization designed to meet the specialized needs of the target group; or
- 2. licensed psychologists, certified or clinical social workers, or registered nurses who have experience in working with and assisting HIV/AIDS clients.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services.
- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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E. Qualifications of Providers

Qualified case managers include:

1. licensed physician, licensed psychologist, certified or clinical social worker, registered nurse, licensed marriage and family therapist or licensed social service worker who is available to provide comprehensive case management services on a 24-hour a day basis to ensure the homeless individual's successful reintegration into the community; or
2. non-licensed individuals who are supervised by one of the licensed qualified providers listed in section E-1 above.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: UTAH

CASE MANAGEMENT SERVICES

A. Target Group IV

1. Targeted case management services are provided to Medicaid eligibles who are assessed as having a primary diagnosis of a chemical dependency or substance abuse; and
2. In addition, recipients of targeted case management services must demonstrate lack of adequate or available support networks and one or more of the following:
 - a. failure or inability to comply with treatment regimen or to access needed services independently;
 - b. experience frequent crisis episodes; or
 - c. require multiple services and their coordination.
3. The need for targeted case management services will be documented.

B. Areas of State in Which Services Will Be Provided:

☒ Entire State

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide).

C. Comparability of Services

☐ Services are provided in accordance with Section 1902(g)(1) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

T.N. No. 95-014

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CASE MANAGEMENT SERVICES

D. Definition of Services

1. Targeted case management services are defined as those services that promote the effective and efficient utilization of resources, assure access to necessary comprehensive services, and prevent duplication of services.
2. Covered case management activities include:
 - a. assessing the recipient's potential risk factors, determining the need for services, and developing a service plan to assure adequate access to necessary services and community resources;
 - b. advocating for and building linkages for the recipient with basic community resources;
 - c. assisting in the access of needed services and monitoring to assure the appropriateness and quality of services delivered;
 - d. monitoring to assess the recipient's progress, and maintenance of treatment goals and participation in transition and aftercare activities.

E. Qualification of Providers

Recipients will have the free choice of any enrolled and qualified case manager. Qualified case managers are:

1. licensed substance abuse professionals (psychologist, certified or clinical social worker, social service worker, registered nurse, professional counselor, and marriage and family therapist) employed by an agency that is under contract with or directly operated by a Local County Comprehensive Substance Abuse Plan; or
2. non-licensed individuals who are supervised by a licensed professional listed in Section E-1 above.

F. The State assures that the provision of optional targeted case management services to eligible individuals will not restrict the right of those individuals to the free choice of service providers (Section 1902(a) (23) of the Act).

1. Eligible recipients will have free choice of the provider of their case management services.
2. Eligible recipients will have free choice of (other) medical care providers under the plan.

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CASE MANAGEMENT SERVICES

- G. Payments for targeted case management services will not duplicate payments made to public agencies, or private entities under other program authority, for the same purpose of targeted case management. Payment under this provision will not be made for case management services that are an integral part of another provider service.

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OBRA 93
Section 13603

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: UTAH

CASE MANAGEMENT SERVICES

A. Target Group:

Tuberculosis services are provided to recipients exposed to tuberculosis eligible under any group under the State Plan.

B. Areas of state in which services will be provided:

X Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(a) of the Act, is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Targeted case management services are a set of planning, coordinating and monitoring activities that assist recipients in the target group to access needed housing, medical, nutritional, social, educational and other services.

Covered case management activities include:

- a. assisting the recipient to determine need for services and developing a service plan to assure adequate access to necessary services and community resources;
- b. advocating for and linking the recipient with required services and community resources identified in the service plan;
- c. assisting the recipient to access necessary independent living skills;

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OBRA 93
Section 13603

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: UTAH

- d. coordinating the delivery of services including coordinating with the primary care provider/attending physician;
- e. monitoring to assure the appropriateness and quality of services delivered and to assess the recipient's progress and continued need for services.

E. Qualification of Providers:

Recipients will have the free choice of any enrolled qualified case managers. Qualified case managers must have experience in accessing services such as housing, medical, nutritional, etc. Qualified case managers include:

registered nurses, certified or clinical social workers who have experience in working with and assisting TB clients.

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
 - 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

T.N.# 94-003

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